

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

Amended

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 430 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5319</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Kevin</u> <u>McPike</u> P.O. Box, Bldg., Room No., if any _____ Street <u>28 9th Avenue</u> City <u>South Farmingdale</u> State <u>NY</u> ZIP Code + 4 <u>11735</u>	4. Name, file number, and address of labor organization. Name <u>SW IU No. 28</u> Labor Organization File Number <u>011-371</u> P.O. Box, Building and Room Number, if any _____ Street <u>500 Greenwich Street</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10013</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 60px; width: 100%;"></div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

18. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Kevin J. McPike

On

8-12-05

Date

212 946-7700

Telephone Number

D. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NEW YORK LIFE RETIREMENT PLAN SERVICES

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 690 CANTON STCity WESTWOODState MASS ZIP Code + 4 02090

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMWLU No. 28 Annuity Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 195 MINERVA BLVDCity MINERVAState NY ZIP Code + 4 11501

11.a. Nature of such dealing.

ANNUITY BENEFITS ADMINISTRATION

11.b. Approximate dollar value of such dealing.

Not Available

12.a. Nature of interest held or income received.

GOLD OUTING - Las Vegas
NY - 10/1/04

12.b. Amount:

(ESTIMATES)\$125

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____

ZIP Code + 4: _____

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing

KEVIN McPIKE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: InvescoTrade Name, if any: P.O. Box, Bldg., Room No., if any: Street: 1166 Avenue of the AmericasCity: New YorkState: NY ZIP Code + 4: 10036

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: Smully No. 28 Benefit FundsTrade Name, if any: (Welfare, Annuity, & Pension Funds)P.O. Box, Bldg., Room No., if any: Street: 195 Mineola BlvdCity: MineolaState: NY ZIP Code + 4: 11501

11.a. Nature of such dealing.

Investment Advisor

11.b. Approximate dollar value of such dealing.

Not available

12.a. Nature of interest held or income received.

Golf outing - Las Vegas
NY - 10/04

12.b. Amount.

(estimate)\$150

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.